UNIFIED SAN DIEGO COUNTY
EMERGENCY SERVICES ORGANIZATION
OPERATIONAL AREA EMERGENCY PLAN

ANNEX P

TERRORISM

June 2001

Approved by the Unified San Diego County Emergency Services Organization
June 21, 2001

Approved by the San Diego County Board of Supervisors

September 18, 2001

UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION

ANNEX P

TERRORISM

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UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION

ANNEX P

TERRORISM

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ANNEX P

TERRORISM

I. GENERAL

This annex defines the framework for developing and sustaining a comprehensive and integrated approach to addressing terrorism in the San Diego County Operational Area. It is a blueprint for the development of Operational Area efforts for responding to and combating terrorism, with special emphasis on terrorist acts employing weapons of mass destruction (WMD) such as nuclear, biological or chemical (NBC) terrorism in addition to conventional weapons (bombs).

A. NBC Emergencies

NBC emergencies are an actual or imminent set of conditions in which nuclear (radiological) agents, biological agents, or chemical agents are intentionally introduced within the San Diego County Operational Area. These incidents are essentially deliberate HazMat incidents and constitute a complex emergency. Specialized response and management capabilities are required to effectively mitigate the impact of these situations.

NBC incidents can involve the release of warfare agents (known as weapons of mass destruction or WMD) or the intentional release of industrial agents. NBC agents are also known as CBN agents or B-NICE (Biological/ Nuclear/Incendiary/Chemical/Explosive) incidents.

B. Situation and Threat Background

Recent events make NBC emergencies a plausible scenario necessitating detailed contingency planning and preparation by emergency responders in order to protect the civilian populace in major urban centers such as San Diego County. Among the events heightening the threat level are the March 20, 1995 Sarin attack on the Tokyo subway, followed by the attempted hydrogen cyanide assault on the Tokyo subway on May 5, 1995. In the biological arena, incidents of note include the synthesis of ricin by a Minnesota anti-government, tax protest group whose members were convicted for violating the biological Weapons Anti-terrorism Act in 1996. Nuclear terrorism surfaced in Moscow when Chechen insurgents placed radiological waste in Moscow parks to further their cause.

Both chemical and biological agents can be delivered by a variety of means including dispersal via explosive devices, mechanical devices such as crop dusting aircraft, mosquito control trucks, or garden spray devices, or dispersal through the water or ventilation system of a building.

Biological attack would most likely involve aerosol dispersal and would afford no easily discernable signature (i.e., the onset of symptoms will typically occur within days to weeks after the initial exposure, making detection difficult). The medical and emergency management concerns are complex, since little experience exists in coping with the impact of biological toxins on a large scale.

Sports arenas, concert halls, department stores and malls, transportation terminals, office buildings and subways are amenable to aerosol dispersal and thus at greatest risk in a CB terrorism incident.

C. Purpose

The purpose of this Annex is to establish a terrorism response system and prescribe responsibilities and actions required for the effective operation of the response to acts of terrorism.

D. Goals and Objectives

The overall goals of terrorism operations are to:

- Minimize loss of life, subsequent disability, and human suffering by ensuring timely and coordinated medical assistance and evidence collection, to include evacuation of severely ill and injured patients.

- Minimize the impact on the local business community and maintain essential services.

- Coordinate the utilization of medical facilities and the procurement, allocation, and distribution of medical personnel, supplies, communications, and other resources.

- Provide a system for receipt and dissemination of information required for effective response to and recovery from the effects of a major disaster.

The objectives of this Annex are to:

- Describe the concept of operations, organization, and medical response system to implement this Annex.

- Establish procedures for activating and deactivating this Annex.

- Provide a system for prompt medical treatment of disaster victims.

- Provide for the management of medical services, facilities, activities, and resources.

- Provide a basis with which County departments and local agencies establish support plans and standard operating procedures.

E. Concept of Operations

For the purposes of this Annex, a terrorism incident applies primarily to a major medical emergency situation or potential situation resulting from an act of Nuclear, Biological or Chemical terrorism.

F. Plan Utilization

Utilization (Alert, Activation, and Termination) of this Annex shall be at the direction of (1) the County's Chief Administrative Officer (CAO) in that capacity, or as Area Coordinator of the Unified San Diego County Emergency Services Organization; (2) a designated Deputy CAO; (3) the Director, Office of Disaster Preparedness or designated representative; (4) Medical Director, EMS; (5) Chief, EMS; (6) EMS Disaster Medical Coordinator or designees; (7) the Incident Commander; (8) the Facilitating Base Hospital or (9) Sheriff's Communication Center (SCC).

The on-scene Incident Commander or his/her designee shall notify their dispatch center to Alert/Activate Annex P. Their dispatch center then contacts the Sheriff's Communications Center (SCC) and requests the Alert/Activation of Annex P. The Facilitating Base Hospital may also exercise this option. The Sheriff's Communication Center shall notify all affected agencies of these announcements as follows:

ALERT

ALERT FOR ANNEX P shall be announced upon report of an event or potential event that is suspected (but unconfirmed) to constitute a terrorism incident. If the incident exceeds the capabilities of (1) the immediately available emergency response contingent, or (2) the patient care capabilities of proximate medical facilities, Annex D (the Multi-Casualty Plan) would also be activated.

ACTIVATION

ACTIVATION OF ANNEX P shall be declared under the following conditions:

* a confirmed event has occurred that is a terrorism incident

* an event is imminent, or has occurred, of such magnitude in a populated area that extensive casualties are inevitable, i.e., structure collapse, major transportation emergency, hazardous materials release.

* notification from cognizant authority that a terrorist event, local or general, is imminent or has occurred, which requires mobilization of the emergency organization and indicates the expectation that extensive casualties will result.

TERMINATION

TERMINATION OF ANNEX P shall be at the sole discretion of the Incident Commander and announced at such time that the situation has stabilized, and operations under the terrorism plan are no longer required. In general, all patients have been transported or are en route to definitive care, and the event is de-escalating.

II. ORGANIZATION

The operations described in this Annex address all levels of disaster management from the scene to medical receiving facilities, to the EOC. The plan enables all agencies involved in the medical response and their respective roles, to provide for an effective disaster medical system.

A. At the Scene

The authority for the management of the scene of an emergency shall rest in the appropriate public safety agency having primary investigative authority (H&S 1798.4 Div. 2.5). Once the incident has been determined to be a direct result of terrorism, law enforcement assumes control of the incident. The initial responding law enforcement agency will be that agency for the affected jurisdiction. In most cases, the Federal Bureau of Investigation will be the Scene Manager and Incident Commander when they arrive on scene. However, the incident will be treated as a crime scene and a medical multi-casualty site which will require law enforcement and fire to set up a Unified Command Post.

The local fire department assumes the initial role of Incident Commander under SEMS criteria and manages operations within the statewide fire management system known as the Incident Command System (ICS). The Multi-Casualty Branch operates as part of the ICS, under the Incident Commander. As multi-casualty incidents overwhelm the initial responding resources, the Incident Commander delineates and expands operational procedures. This system assures that the hazard is abated to prevent further injury to victims, the public, and public safety personnel and emergency pre-hospital care is provided.

The Incident Command System is designed to utilize all aspects of emergency service response resources.

B. Emergency Operations Centers (EOC)

1. City EOCs

Each city has a central facility designated as an EOC. From the EOC, disaster operations are directed or coordinated. City plans may call for a medical liaison representative to be present when their EOC is activated. In each city, the City Manager is designated as Director of Emergency Services, by ordinance, and directs emergency operations from the EOC.

2. County/Operational Area EOC

The County/Operational Area EOC serves the same function as the city EOCs, with the Chief Administrative Officer serving as Coordinator of Emergency Services. It is located at 5555 Overland Avenue, County Operations Center, Kearny Mesa and is used as the central point for resource acquisition and allocation, as well as coordination.

The medical section of the EOC is normally activated when the EOC is fully activated. It is staffed by pre-designated emergency medical personnel and augmented by representatives from the Red Cross. The section coordinates the emergency medical response for the Operational Area. The EOC medical staff serve as medical advisors to the CAO, as well as make decisions about resource allocation, priorities, and other medical matters.

a. Chief Administrative Officer (CAO) - directs, or coordinates, the Emergency Services Organization and the emergency management program. In a disaster located entirely within the County unincorporated area, the CAO directs emergency operations. In a disaster involving more than one jurisdiction, the CAO serves as coordinator of emergency operations.

b. Director, HHSA - reports to the CAO and is responsible for all policy decisions involving operational and logistics disaster health services.

c. Medical Director, EMS - reports to the CAO, and is responsible for all long-range logistics planning and policy decisions for Emergency Medical Services within the Operational Area. Additionally, the Medical Director maintains active liaison with fire, law enforcement and military representatives.

d. Chief, EMS - reports to the Medical Director, and is primarily responsible for directing the medical response and operation for the Operational Area. The Chief assesses the EMS system problems, identifies and anticipates the resources needed, and allocates the resources accordingly. If medical mutual aid is needed, the Chief, in

conjunction with the County Health Officer, makes requests to the Regional Disaster Medical/Health Coordinator, in accordance with the state guidelines, and advises the Medical Director of medical mutual aid status.

e. EMS Coordinator, Operations - reports to the Chief, and is responsible for coordinating and providing support to medical activities at the disaster scene(s), Field Treatment Sites (FTSs), and First Aid Stations. These activities include the coordination of requests for Triage/Treatment Teams, transportation coordination and liaison with Red Cross, Hospital Association, Ambulance Association, rescue teams, and the Blood Bank.

Fire Rescue Coordinator - reports to the CAO and is responsible for the long range planning and coordination of the response of local, state and federal fire and rescue resources as delineated in Annex B of this plan.

Law Enforcement Coordinator - reports to the CAO and is responsible for the long range planning and coordination of the response of local, state and federal law enforcement resources as delineated in Annex C of this plan.

III. ROLES AND RESPONSIBILITIES

A. All Affected Agencies

1. Prepare Standard Operating Procedures (SOPs) and functional checklists for response to a terrorism incident. All participating agencies must comply with State training requirements for the effective use of SEMS (Standardized Emergency Management System) in order to improve the coordination of state and local emergency response in California.

2. Train personnel and alternates to the awareness level.

3. Maintain an active liaison with the EMS Area Planning Committees.

B. San Diego Operational Area Terrorism Working Group (SDTWG)

1. Facilitates the coordinated effort in the planning, training and exercising of local, state and federal resources in preparation to respond to terrorist incidents in San Diego County.

2. Coordinates San Diego Operational Area activities including but not limited to developing plans, stimulating training, exercising and the identification of

funding sources (grants, donations or sponsorships) to support the training and equipping of first response resources.

C. San Diego Operational Area Terrorism Early Warning Group (SDTEWG)

1. Provides information to local response agencies through a network of representatives.

D. Bio Terrorism Management Committee

1. Establishes public health and emergency medical services policies and procedures for response to a bio-terrorism event within San Diego County.

2. Coordinates planning efforts that focus on the development of integrated communication, surveillance and investigation systems in order to provide the backbone for a rapid bioterrorism response capability within the San Diego Operational Area.

3. Composed of health care and emergency services agencies in San Diego County.

E. EMS Area Planning Committees

Assist in developing, maintaining, and testing area emergency plans as well as hospital plans.

F. Sheriff's Communication Center

1. Notifies affected agencies of alerts and activation of Annex P as well as termination of the disaster.

2. Can assist in the coordination of communications between the facilitating Base hospital and the Area receiving hospitals.

3. Provides information to the EOC.

G. RACES/ARES

Provide back-up communications support at the scene, the hospitals and the EOC.

H. Fire Department (See sample Unified Command Structure on next page)

1. Acts as Incident Commander.

2. Performs as the "single ordering point" of additional resources.

3. Notifies Sheriff's Communications Center of the Annex D or P activation through their local Dispatch Center.

4. Utilizes ICS to manage scene operations and resources via branches such as the Multi-Casualty Branch.

5. Provides fire fighting.

6. Provides extrication.

7. Provides rescue.

8. Provides initial triage and medical support.

9. Maintains communications with their Communications Center.

10. Coordinates air operations at the scene.

11. Determines need for treatment teams on scene.

12. Determines the need for all additional resources and orders them as necessary.

I. Law Enforcement Agency

1. Provides crowd and traffic control.

2. Provides aeromedical support.

3. Provides tactical communications.

4. Establishes and maintains ingress and egress routes for emergency vehicles.

5. Provides perimeter control.

6. Provides security at the scene.

7. Provides evacuation coordination at the direction of the Incident Commander.

8. Assists with emergency transportation of blood, blood products, and other needed medical supplies, as resources are available.

9. Conducts investigations and gathers evidence.

10. California Highway Patrol (CHP) has the primary responsibility for the ground

transport of medical teams and emergency medical supplies when resources permit.

11. CHP assumes scene management for incidents within CHP jurisdiction, when incident dictates.

12. Retain responsibility for obtaining buses.

J. Facilitating Base Hospital

1. Upon activation from the field Medical Coordinating Unit, coordinates it's AREA hospital disaster response.

2. Coordinates medical communications with Medical Communication Leaders and Area hospitals, and provides information of hospital resources and status to Med Comm Leader.

3. Provides medical direction of care by Advanced Life Support (ALS) units as necessary.

4. Provides information of hospital resources and status to the Treatment Unit Leader.

5. Activates and dispatches area Treatment/Triage Teams, as outlined in this document, when requested from the scene.

6. Controls hospital 800 MHz communication net.

7. In conjunction with San Diego Medical Health Coordinator (or their designee), will assist in coordinating community medical resources for evacuation of medical facilities.

K. Hospital

1. Provides care for victims from the incident.

2. Advises Facilitating Base Hospital of bed capacity and other status information.

3. Provides FTSs with medical staff when staffing permits.

4. Provides predesignated Treatment/Triage Teams when requested by Facilitating Base Hospital and staffing permits.

L. Hospital Association

1. Assists with coordination of hospitals (in EOC).

2. Provides current hospital resource directory.

M. Ambulance Agencies/First Responders

1. Upon request, will provide appropriate personnel to staff any role or position under ICS in transportation, communication, and medical assistance.

2. Coordinate ambulance transportation of victims.

3. Coordinate medical communications at the scene and the ambulance-bus staging and loading areas.

N. Ambulance Association (Private ambulances)

Coordinates private industry ambulance resources (Private Ambulance Coordinator).

O. Aeromedical

Provides aeromedical assistance, which may be in the form of Treatment, Triage Teams, or transportation, as requested.

P. Emergency Medical Services (EMS)

1. Writes and updates the Multi-Casualty Annex and any other medical emergency plans and procedures.

2. Staffs EMS Area Planning Committees and coordinates area planning drills.

3. Coordinates disaster medical operations within the Operational Area.

4. Coordinates the procurement and allocation of the medical resources required to support disaster medical operations.

5. Coordinates the transporting of casualties and medical resources to health care facilities, including FTSs, within the area and to other areas, as requested.

6. Develops and organizes a system for staffing and operation of FTSs and Disaster Support Areas.

7. Requests and responds to requests from the Regional Disaster Medical/Health Coordinator (RDMHC) for disaster assistance.

8. Develops and maintains a capability for identifying medical resources, transportation, and communication services within the Operational Area.

9. Maintains liaison with the Red Cross, volunteer service agencies, and other representatives within the Operational Area.

10. Maintains liaison with the coordinators of other emergency functions such as communications, fire and rescue, health, law enforcement and traffic control, transportation, care and shelter, etc.

11. Coordinates and provides support to medical activities at the scene.

12. Assists with contacting and the coordination of Critical Incident Stress Management Team members.

13. MMST

The Metropolitan Medical Strike Team is a team which responds to acts of Nuclear, Biological and Chemical (NBC) terrorism. The team consists of medical, fire service, law enforcement and public health personnel in addition to environmental and hazardous materials specialists. They are trained and outfitted to perform field level response efforts for the consequences of the terrorist use of weapons of mass destruction. This team forms the technical nucleus of a comprehensive response capability to NBC terrorism. It includes specialized personnel to direct and coordinate immediate response, mitigation and recovery operations at the incident scene.

Q. Public Health

1. The overall goal of disaster Public Health operations is to minimize loss of life and human suffering, prevent disease and promote optimum health for the population by controlling public health factors that effect human health and by providing leadership and guidance in all disaster public health related activities.

2. The overall objectives of Disaster Public Health operations are to:

a. Provide preventive health and planning services.

b. Coordinate health-related activities among other local public and private response agencies or groups under the direction of the Public Health Officer

R. Environmental Health

1. Provides specialists to perform inspections and assess conditions at designated

treatment/triage, first aid stations, or FTSs.

2. Provides radiological assistance from the Hazardous Materials Division Radiological Health Branch.

3. Provides hazardous materials assistance from the Hazardous Materials Division.

4. Provide technical assistance (decontamination) to Emergency Department staff for incidents involving self-referral victims contaminated with hazardous materials.

S. School District

1. Coordinates with EMS in designation of schools as FTSs and First Aid Stations.

2. Provides buses for transportation of the walking wounded.

3. Coordinates the establishment of evacuation centers with the Red Cross.

T. American Red Cross

1. Activates Red Cross First Aid Stations and staffs them with Health Services Personnel.

2. Provides Health Services personnel to Red Cross Mass Care Centers.

3. Upon request, blood and blood products are made available for disaster victims through the nearest Red Cross regional blood center.

U. Blood Bank

1. Mobilizes resources to cope with disaster needs, according to its disaster plan.

2. Provides blood on a priority basis.

V. Office of Disaster Preparedness (ODP)

1. Assists with terrorism planning and training.

2. Coordinates efforts to obtain resources, both within and outside of the Operational Area, including supplies and logistical support.

3. Requests/obtains military assistance in accordance with military plans and

procedures.

4. Activates and manages the Operational Area EOC.

5. Serves as Operational Area Coordinator for mutual aid other than fire, law enforcement, medical and medical examiner.

6. Assists with recovery efforts, particularly in obtaining State and Federal reimbursement funds.

W. State

1. Responds to requests for resources from the Operational Area (ODP).

2. Coordinates medical mutual aid within the State.

3. Coordinates the evacuation of injured persons to medical facilities throughout the State.

4. Assists the Operational Area in recovery efforts.

X. National Guard

1. Provides support for field treatment of casualties.

2. Provides evacuation of casualties to medical facilities.

3. Provides communication and logistics support for the medical response.

Y. Critical Incident Stress Management Team (CISMT)

Prolonged rescue efforts, multiple-day emergency operations, and single event "critical incident" exposures are typical encounters during multi-casualty incidents and medical disasters. On-scene defusing and post-incident debriefing are available from the San Diego County CISMT. Request CISMT support via Sheriff's Communications Center (SCC) or the County EMS Duty Officer.

CISM Team

1. Responds to requests for critical incident support by arranging for and

conducting debriefing of the impacted emergency workers by a team composed of mental health professional(s) and peer members.

2. Responds to requests for on-scene support by activating a CISMT to respond to the Emergency Command Post and/or Rehab site for rapid defusing service.

3. Provides pre-event orientation training for emergency responders to assist in recognizing critical incidents and how to access the CISMT.

Z. Federal Government Resources

1. FEMA - As shortfalls occur in the State resources, Federal agencies make their resources available, coordinated by the Federal Emergency Management Agency (FEMA).

   In a major disaster, the National Disaster Medical System would be activated, and patients from this Operational Area would be sent to other counties and States for treatment.

2. Federal Military

   a. Provides support such as supplies, equipment, helicopters, and sites for disaster support areas.

   b. Provides air-sea lift.

3. Disaster Medical Assistance Teams (DMAT)

   a. San Diego DMAT CA-4 is one of only 28 Readiness I teams throughout the United States that is affiliated with the National Disaster Medical System (NDMS).

   b. NDMS provides a volunteer national response system for state and local agencies to assist them in coping with disasters either manmade or natural.

   c. DMAT CA-4 is activated through NDMS with a declaration from the President designating an area of disaster.

   d. Primary responsibility is to assist state and local authorities with medical care after a major disaster**,** by traveling to the area and responding with medical resources.

   e. May also provide medical support to the military medical system to care for casualties resulting from overseas armed conflicts.

f. DMAT can provide and establish the following patient care services:

Field Treatment Sites (FTS)
Regional Evacuation Point (REP)
Patient Reception Point (PRP)
Hospital staff relief and augmentation including augmentation of emergency departments
Medical care at shelters
Assist in hospital evacuations
Medical strike teams in support of FBI

Note: The response by a DMAT is on an 8 to 24 hour reaction time. In a local disaster where the needs are in excess of the local medical resources, it is likely that a DMAT from another area would be assigned to respond to the local disaster.

4. FEMA US&R Response System

The FEMA Urban Search and Rescue (US&R) Response System development is based upon providing a coordinated response to disasters in the urban environment. Special emphasis is placed on the capability to locate and extricate victims trapped in collapsed buildings, primarily of reinforced concrete construction. The task force functional organization and associated terminology are predicated on, and will operate within, the National Interagency Management System (NIMS). Additional information can be found in Annex B.

5. NMRT

Three national Medical Response Teams are federally activated teams with multi-casualty decontamination capability**.** These teams may be prestaged at mass gathering events with increased threat level, and could be immediately available to augment local resources if needed and requested through the Federal Government. They could also be requested after an event begins, if ongoing casualties are expected. The west coast NMRT is based in the LA-San Bernardino area.

TERRORISM
RESPONSIBILITY CHART

AGENCIES	Planning, Training & Exercising	Notifications	Communications	Incident Command/ Scene Management	Triage & Treatment	Transportation	Field Treatment Site	First Aid Stations	Medical Evacuation	Special Resources	County EOC	Medical Mutual Aid
All Affected Agencies	X											
EMS Area Planning Committee												
Sheriff's Communications Center		X	X			X						
RACES/ARES		X	X									
Fire Departments			X	X	X	X					X	
Law Enforcement				X		X			X		X	
CHP				X		X			X			
Base Hospitals		X	X		X		X		X			
Hospitals					X		X		X			
Hospital Association											X	
Ambulance Association			X			X			X			
Aeromedical					X	X						
EMS		X	X				X		X	X	X	X
Public Health							X				X	
School District						X	X	X	X			
American Red Cross								X	X	X	X	
Blood Bank										X		
ODP		X								X	X	X
State		X								X	X	X
Military/National Guard										X		X
Federal				X						X		X

IV. FUNCTIONS

A. Notification

There is a two-tiered system of medical disaster notification in the Operational Area. This system, "Alert" and "Activate", allows hospitals, transporting agencies, and other components of the emergency medical system to prepare for multi-casualty incidents. This system can be initiated at either of the tiers, depending on the circumstances, by the field Incident Commander, the Medical Coordinating Unit, or the Facilitating Base Hospital

1. Alert

When a terrorism related multi-casualty incident is suspected, but not confirmed, the affected agencies are notified of an ALERT. At this point, designated hospitals and agencies only consider notifying their personnel and making other necessary preparations.

2. Activate

The on-scene Incident Commander or his/her designee (i.e., the Medical Coordinating Unit), shall notify their dispatch center to Alert/Activate Annex P. Their dispatch center then contacts the Sheriff's Communications Center (SCC) and requests the Alert/Activation of Annex P and Annex D. SCC then makes the necessary notifications. The first arriving ambulance at scene will contact the Facilitating Base Hospital and advise them of the incident and that an Annex P and Annex D Alert/Activation has been declared. The following agencies will be notified by the SCC of an activation/alert and will be given pertinent information (such as the nature of the emergency, the location and the number of dead or injured).

a. Private ambulance coordinator

b. Emergency Medical Services (EMS)

c. Office of Disaster Preparedness (ODP)

d. ARES - Amateur Radio Emergency Service

e. All Sheriff's Emergency Planning Detail personnel

f. The FBI

Upon notification, all agencies follow their Standard Operating Procedures for activation, and respond if requested. Once the initial notification of the lead agencies is made through SCC, further notification activities take place:

- Designated hospitals notify their Treatment Teams and stand-by staff if requested by Multi-Casualty Branch Director.
- Private Ambulance Coordinator notifies other ambulance companies as needed and coordinates resources.
- EMS notifies the EMS Medical Director, the Regional Disaster Medical/Health Coordinator, if needed, and other staff as necessary.
- The EMS Disaster Medical Coordinator establishes contact with SCC and confirms notification of the Red Cross and Blood Bank, if necessary.
- ODP notifies the Chief Administrative Officer, State OES, and EOC staff, if needed.

B. Communications

All hospitals in the San Diego County Operational Area are on the Regional Communications System (RCS). The Regional Communications System, (RCS) consists of a north and south simulcast cell, and 29 Intel-repeaters east of Alpine and Ramona.

Please refer to the Unified San Diego County Emergency Services Organization Operational Area Emergency Plan, Annex I, for more information regarding the Regional Communications System (RCS).

Figure 4

800 MHz EMS Fleet Map

ZONE	MODE 1	MODE 2	MODE 3	MODE 4	MODE 5	MODE 6	MODE 7	MODE 8
ALS	TRI	SLJ	PAL	UCSD	MRCY	SHRP	GRSMT	SCV
BLS	TRI	SLJ	PAL	UCSD	MRCY	SHRP	GRSMT	SCV
MT1	POM	FALB	SENC	CPEN	MBAY	VET	THRN	NAVY
HLT	OCSD	ESC	EC	NSD	SOBAY	ROSE	ASKW	ESD
CMA	COCAL	COTC1	COTC2	COTC3	COCT4	ICS1	ICS2	ICS3
TRF	CMD1	TAC1	CMD2	TAC2	CMD3	TAC3	CMD4	TAC4
CNV	FMAR	INSERV	CLMRS	SDMAR	ICALL	ITAC1	ITAC2	ITAC3
ZONE	**MODE 9**	**MODE 10**	**MODE 11**	**MODE 12**	**MODE 13**	**MODE 14**	**MODE 15**	**MODE 16**
ALS	AREA1	AREA2	AREA3	AREA4	AREA5	AREA6	M/AIR	
BLS	CHILD	ALVR	ELCTR	PION	MEDG			
MT1	VILV	CABR	KAIS	PARD	CRD	SHCV	SEAST	REW
HLT	FALB	EDGE	EMS	HADM	HLTGP			
CMA	ICS4	ICS5	ICS6	ICS7	EMER1	EMER2	EMER3	EMER4
TRF	CMD5	TAC5	CMD6	TAC6	TAC7	TAC8	TAC9	TAC10
CNV	ITAC4	CAR1	CAR2	CAR3	CAR4	LGRN1		

ZONE	ZONE NAME	DESCRIPTION
See RCS Field Reference guide for talkgroup descriptions		
GVT	Local Government	For local County government
ALS	Advanced Life Support	ALS Base Hospitals
BLS	Basic Life Support	BLS Hospitals
MT1	Medical Transportation One	BLS Hospitals
CMA	County Mutual Aid	Mutual Aid and ICS
TRF	Transportable Radio Frequency	Stand Alone trunked 800 MHz System
HLT	HHSA	Excess for BLS hospitals
CNV	Conventional	Dedicated Frequency

The Emergency Medical Services Talkgroups are part of the RCS and allow direct communications between the Trauma Center/Facilitating Hospitals, field units and ambulances.

Multiple Site Incidents

In the event of a multiple site terrorism related multi-casualty incident, or more than one incident at a time, there is a sufficient amount of flexibility to handle all the incidents. All hospitals participating in the event and the Medical Communications Coordinator at the scene can be on the same talkgroup as the Facilitating Base Hospital. In the event of an Operational Area wide disaster, the EOC is activated and acts as a clearing house for all incoming information and coordinates resource allocation at disaster sites.

Back-up Communications

a. See the San Diego County Mutual Aid Radio Plan.

b. Amateur radio operators may be called upon to act as back-up communicators at the scene, hospitals, first aid stations, blood banks, mass care centers, Red Cross Service Centers and the EOC.

C. Incident Command

The Incident Command System (ICS) is used to provide a management structure and system for conducting on-scene multi-disciplinary operations (in this case, a terrorism caused multi-casualty incident which involves concurrent tactical field interactions between fire, law enforcement, and medical personnel). The ICS, because of its standardized organizational structure and common organizational and operational terminology, provides a useful and flexible management system that is particularly adaptable to incidents involving multi-jurisdictional response such as multi-casualty incidents. ICS provides the flexibility to rapidly activate and establish an organizational structure around the functions that need to be performed.

For all emergencies, the Field Operations Guide (ICS 420-1) and any future revisions shall be utilized.

1. Incident Command System

   a. Incident Commander - coordinates all incident activities including the development and implementation of strategic decisions and approves the ordering and releasing of resources.

      The ICS organizational structure develops in a modular fashion based upon the kind and size of an incident. The organization's staff builds from the top down with responsibility placed initially with the Incident Commander, who is the senior fire department officer on scene. The

specific organization structure established for any multi-casualty incident is based upon the management of the incident and personnel available to fill functional positions. However, all functions are assigned.

A single Unified Incident Command System with ONE Incident Commander is absolutely essential. Without a single unified command to establish a recognized control point, units frequently work independently and conflict with one another, or simply waste time duplicating efforts.

b. Operations Chief - activates and supervises the organization elements and is responsible for the management of all operations at the scene.

2. Multi-Casualty Branch Positions

a. First arriving medical unit - makes the preliminary medical assessment. The pre-hospital provider with the highest level of certification/authorization assumes the Treatment Unit Leader role. If a fire company is on scene and has established "command", the medical unit reports to the Incident Commander, and establishes contact with the facilitating base hospital. The second pre-hospital provider on scene with the highest level of training assumes the Med Comm Coordinator role.

b. Multi-Casualty Branch Director – establishes, commands and controls the activities within the Multi-Casualty Branch in direct liaison with the Incident Commander.

c. Medical Group Supervisor - controls triage management, treatment, and coordination of all casualties.

d. Medical Supply Coordinator - identifies, collects, and distributes supplies available at the scene and is responsible for obtaining additional supplies (from hospitals or other sources).

e. Triage Unit Leader - ensures triage on-scene and designates casualties accordingly.

f. Treatment Unit Leader - ensures assessment of patients and treatment of casualties.

g. Patient Transportation Group Supervisor - communicates with the Multi-Casualty Branch Director and closely coordinates with the Medical Group Supervisor; may be responsible for communicating with

helicopters, ambulances from a variety of different agencies, and the staging area. As personnel become available, the Patient Transportation Group Supervisor fills and supervises the following positions: Medical Communications Coordinator and the Ambulance Staging Managers.

h. Treatment Dispatch Manager - coordinates the transportation of patients out of the treatment area with Patient Transportation Group Supervisor.

i. Medical Communications Coordinator - maintains communications and coordinates information with Facilitating Base Hospital(s) to ensure patient transportation and destinations.

j. Ambulance Staging Managers - manage air and ground ambulance/emergency vehicle staging areas.

2. Multi-Casualty Branch Implementation

Once command is established, the implementation of the Medical Group is determined by the medical size-up. This assessment is conducted by the first arriving medical unit. The medical size-up includes the following:

a. Determine the nature of the incident and special hazards.

b. Estimate number of victims and severity of injuries.

c. Estimate additional medical resources needed.

d. Identify access routes for incoming EMS units.

e. Identify locations for triage, treatment, ambulance/bus loading, and staging areas.

f. Notify the Sheriff's Communications Center if this has not been done or if the first medical coordinating unit is on scene by themselves.

g. Determine the need to activate this Annex.

All of these actions are coordinated with the Incident Commander. Once the medical size-up is completed, the first medical unit assumes its role in the ICS Multi-Casualty Branch.

3. On Scene Operations

The location of a multi-casualty incident will determine, to a large extent, how the scene is set up.

The Incident Commander establishes a staging area for all incoming emergency vehicles. Personnel and apparatus are then called from the staging area to the scene in a controlled and organized manner.

Multi-Casualty Branch personnel need to be visibly and clearly identified, by positions, so that they can easily be spotted in a crowd of rescuers.

Patients are collected into a single area to provide maximum care with limited resources. They are placed in the treatment area according to the severity of their injuries: immediate patients (I) on one side; delayed patients (II) on another.

The Incident Commander and the Multi-Casualty Branch Director determine whether agencies such as the Red Cross are needed at the scene and/or at First Aid Stations for initial care of the "Minor" (walking wounded).

D. Triage/Treatment

1. Triage

Triage is the process of sorting the injured on the basis of urgency and type of injury presented, so they can be transported to medical facilities equipped for their care. The Medical Group Supervisor has the overall responsibility for coordinating triage management and treatment of casualties.

a. Primary triage is the first sorting of victims at the scene without moving them. This phase of triage determines the order of evacuation from the field. Primary triage utilizes the Simple Triage and Rapid Treatment (START) criteria. Ideally, primary triage is done by Emergency Medical Technician-I (EMT-I) personnel.

b. Secondary triage is the second phase of sorting victims and is done in the triage/treatment area. At this time a victim's primary triage category may be changed, based on further assessment. Stabilizing treatment may be initiated while awaiting transportation, however, transport should not be delayed for treatment.

2. Tagging of victims is accomplished using the following categories and corresponding colors:

a. Immediate (Red tag) - most in need of care and should receive first priority for evacuation.

b. Delayed (Yellow tag) - will need hospital care, but can wait until the more critically injured have been stabilized and transported.

c. Minor (Green tag) - these patients have been referred to as “walking wounded”. They may need first aid, but may or may not need transportation`.

d. Dead/Non-Salvageable (Black tag) - once tagged, are ignored until there are enough rescuers to move them without compromising the care to the living.

3. Treatment

The sophistication of treatment rendered in the field is dependent upon personnel and supplies. Treatment at the scene is generally limited to stabilization, treatment of shock, and a continual reassessment of conditions, while awaiting transport. Transport should not be delayed for purposes of treatment.

The Medical Group Supervisor has the overall responsibility for field treatment.

E. Transportation

The coordination of ambulance transportation from the scene to local medical facilities, and from damaged to operational medical facilities, is the responsibility of both the jurisdiction's providing agency, for medical units, and the Ambulance Association, for private ambulances.

Ambulance transportation includes the equipment and personnel to provide Basic Life Support (BLS) and Advanced Life Support (ALS) services.

Basic Life Support is a set of non-invasive medical skills including cardiopulmonary resuscitation, hemorrhage control, splinting, bandaging, immobilization, and extrication.

Advanced Life Support includes basic life support skills plus intravenous therapy, parenteral drug administration, cardiac monitoring, cardiac defibrillation and cardioversion, endotracheal intubation, and any additional skills that are locally defined.

Once Annex D has been activated, patients who have received ALS care in the field, i.e., IV, advanced airway or medication may be transported without being accompanied by ALS personnel. BLS personnel may accompany these patients to the hospital.

As casualty transportation resources will be in great demand, casualties are transported on the basis of medical triage priorities. Patients requiring immediate transportation will have priority for ground or air transportation, with other transportation (i.e., buses, trucks, and automobiles) used for the minimally injured.

F. Hospital System

1. Facilitating Base Hospitals

a. The Facilitating Base Hospital shall have the secondary responsibility of notifying the SCC of an Alert or Activation of Annex P/Annex D, if the following occurs.

b. The Facilitating Base Hospital feels that the incident the medical coordinating unit is reporting meets the criteria for an Alert or Activation.

c. The Facilitating Base Hospital or the receiving hospitals within the Operational Area are or may soon be overwhelmed with incoming patients.

2. Plan Activation

Once notified by the field to "activate" this plan, facilitating base hospitals are responsible for initiating and coordinating the medical response in the operational areas.

G. State Medical Mutual Aid

1. Mutual Aid Region

The State of California is divided into six mutual aid regions. The San Diego County Operational Area is in Region VI which also includes the Mono, Inyo, San Bernardino, Riverside and Imperial Operational Areas. In the event local medical resources are unable to meet the medical needs of disaster victims, the Operational Area may request assistance from neighboring jurisdictions through the Regional Disaster Medical/Health Coordinator or Office of Emergency Services (OES) regional office. The Regional Coordinator coordinates the provision of medical resources to the Operational Area and the distribution of casualties to unaffected areas as conditions permit. In addition, a Medical Mutual Aid Plan exists in Region VI and all counties in Region VI have signed this Plan and the Medical Mutual Aid Agreement. If a state response is indicated, the Regional Coordinator functions are subsumed under the overall State medical response.

2. Mutual Aid Implementation

The following information is required for disaster medical mutual aid requests:

- The number, by triage category, and location of casualties.
- The location and helicopter accessibility of FTSs.
- Land route information to determine which FTSs may be evacuated by ground transportation.

- The resource needs of affected areas.

- Location, capabilities, and patient evacuation needs of operational medical facilities in and around the affected area.

Information is consolidated at the Operational Area EOC and provided to the Regional Coordinator who transmits it to the Emergency Medical Services Authority (EMSA) Staff at the State Operations Center (SOC). See Attachment A.

The Regional Coordinator will:

- Coordinate the acquisition and allocation of critical public and private medical and other resources required to support disaster medical care operations.

- Coordinate medical resources in unaffected counties in the Region for acceptance of casualties.

- Request assistance from the Emergency Medical Services Authority (EMSA) and/or State Department of Health Services (DHS), as needed.

H. Federal Medical Mutual Aid

Federal mutual aid will come in the form of the FBI and the National Disaster Medical System (NDMS). This system is one by which patients can be taken to hospitals throughout the state, or the nation, for medical treatment. It is a system designed for either the receipt of patients from other areas of the country, or for the transport of patients from this area to areas of the country that have available beds and services for treatment. NDMS is activated when the number of casualties exceeds the capability of local or regional health care systems. EMS will contact the regional coordinator for the NDMS program (Commander Naval Base, San Diego, Chief of Staff for Operations, Naval Hospital, San Diego) and initiate the process.

In the event that a disaster occurs in this area, stabilized patients would be taken from the FTSs to the Disaster Support Area (DSA) for transport to other counties or states. The (NDMS) system has been designed to interface with this Annex. In the event that this Operational Area is the receiving site, this Annex would be utilized to move the patients to hospitals that could provide treatment in this area.

I. Resources

Emergency Medical Services (EMS) develops and maintains a capability for identifying medical resources, transportation and communication services within the Operational Area. Additionally, EMS coordinates the procurement and allocation of these resources, as required to support disaster medical operations.

APPENDIX P-1

MEDICAL

EMERGENCY ACTION CHECKLIST

RESPONSE TO HAZARDOUS MATERIAL INCIDENT

Action Responsibility	
Determine if specialized equipment is needed for medical personnel operating in the affected area.	HAZMAT Incident Response Team (HIRT)
Determine number and location of casualties that require hospitalization.	Incident Commander
Activate hazard identification procedures.	HIRT
If a large number of casualties have occurred, request establishment of Field Treatment Site and provide field medical care, including triage, near or in affected areas.	Incident Commander
Determine capabilities and capacity of hospitals.	Facilitating Base Hospital
Request hospitals to activate disaster plans if there is a large number of casualties.	EMS
Dispatch units to transport injured.	Ambulance Providers
Allocate casualties to hospitals to make best use of facilities.	Facilitating Base Hospital
Notify medical personnel with specialized training and assign them to medical facilities commensurate with area requirements.	Facilitating Base Hospital
Coordinate distribution of specialized medical supplies.	EMS

Medical
Hazardous Material Response

Action responsibility

Periodically poll medical facilities to determine caseload and support requirements.	Hospital Association
Activate plans for supplementary services such as public information, records, and reports.	ODP
Inform the Emergency Public Information Officer of current information for public dissemination.	HMD
Request assistance from the Regional Disaster Medical/Health Coordinator as required.	EMS
Coordinate with the Transporting Coordinator, the movement of patients from any medical facility threatened by a hazardous material release.	EMS

TERRORISM INCIDENT MANAGEMENT
UNIFIED COMMAND STRUCTURE